FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM

DISCLUSURE SUIVIIVIART PAGE		DR-2 DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 07/2004) REPORT
Independent Insurance Agents of Iowa PAC	1	For Office Use Only Comm. # 6052
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State F (4) County Central Committee (5) County Candidate (6) City Candidate (7) Political Subdivision Candidate (8) County PAC (9) City PAC (10) School E Subdivision PAC (11) Local Ballot Issue	School Board or Other	Logged In Scanned Computer Audited
CANDIDATE COMMITTEES ONLY:		
	al Party (if applicable)	Late reports are subject to possible civil and criminal
Office Sought District	et (if Senate or House)	penalties.
Bor Stem	515-223-60	060 6-16-05
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	DATE SIGNED
I AM FILING A REPC	RT FOR (1) ELECTION /(2	NON-ELECTION YEAR.
(report date)	Indicate by #	
CHECK IF AMENDMENT TO REPORT DATED 1/19/2005	Loca	al Committees, enter Date of Election
CONTROCK II AWIENDINIENT TO KET OKT BATEB		
Check if this is final (termination) report and attach Notice of Dissol (You must continue to file reports until a DR-3 is filed.)		nty & Local Committees, enter County i h Election is held
STATEMENT OF C CASH ON HAND at the beginning of the reporting period. (Total of all committee. This amount MUST be the same as the cash on of the last reporting period or must be zero if this is first report	funds held by the	s 6,367.21
ADD TOTAL MONEY TAKEN IN THIS PERIOD	t mod.)	
Schedule A: Cash Contributions total (Attach Schedule A) (*	also see in-kind below)	2,100.00
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Sche		
(Schedule H applies to Candidates' Committees		11 Let 4 (11 A)
(Schedule if applies to Calididates Committees	SUB-TOTAL .	\$
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also	see debts and loans below)	1,575.00
Schedule F: Loan Repayments total (Attach Schedule F)		
CASH ON HAND at the end of this reporting period (if final report bala		
be zero) (Attach DR-3)		\$ 6,892.21
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)		\$
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)		
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Sche	adula H)	\$

For Instructions, See Back of Form

Reset Form

SCHEDULE Α MONETARY

RECEIPTS

(Rev. 07/03)

CHECK THIS BOX IF AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Independent Insurance Agents of Iowa PAC

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/18/04	ID# CK#	Jason Hagge - Duplicate from 10/19/04 report 115 S Locust, Box 29 Winfield, IA		\$-150.00	
10/18/04	ID# CK#	Frank O'Conner - Duplicate from 10/19/04 report 305 Locust Street, Box 737 Dubuque, IA		-100.00	
10/18/04	ID# CK#	Leon Hendricks - Duplicate from 10/19/04 report 55 Jefferson, Box 351 Winterset, IA		-50.00	
10/18/04	ID# CK#	Jim Wirtz - Duplicate from 10/19/04 report 3685 450th Street, Box 97 Emmetsburg, IA		-100.00	
10/18/04	ID# CK#	Kipp Harris - Duplicate from 10/19/04 report 327 Chestnut Street Atlantic, IA		-100.00	
	ID#				
	ID# CK#				
	I		SUB-TOTAL	i	I

SUB-TOTAL

TOTAL (if last page of this schedule)

Page _____ 0, ___ (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Independent Insurance Agents of Iowa PAC

	CANDIDATE	NAME AND ADDRESS TO WHOM	PURPOSE	AMOUNT
DATE EXPENDED	ID NUMBER (if applicable)	EXPENDITURE (Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
(MM/DD/YR)	AND PAC CHECK			
	NUMBER			
12/31/2004	ID# ₁₁₄₈	Stevens for Statehouse Committee	Reverse Entry - Voided check	e -100.00
12/31/2004	CK#2594			\$ -100.00
	ID# ₁₃₃₆	Amanda Ragan for Iowa Senate	Reverse Entry - Voided check	
12/31/2004	CK#2631			-200.00
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	<u> </u>		SUB-TOTAL	\$ 200.00

\$ -300.00

TOTAL (if last page of this schedule)

\$ 1,575.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page		ot	

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FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE	ARTON RECO		FORM DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization)		<u>(</u> R	ev. 07/2004)	REPORT
Independent Insurance Agents of Four	-	Es	r Office Use O	10 S2
Political Action Committee			omm. #	003
IMPORTANT: Indicate by # type of committee you are reporting for: 🛜	0 104-4- D-4	. i t	-	
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3) (4)County Central Committee (5)County Candidate (6)City Candidate (7)School	ol Board or Other			
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board	or Other Political			
Subdivision PAC (11) Local Bailot Issue CANDIDATE COMMITTEES ON AETHER CAPACITY Candidate Name DISCLOSURE FORD DISTLOSURE FORD		\dashv $L^{\prime\prime}$	Denibi	
CANDIDATE COMMITTEES ON A FIRE SA CEBOARD Candidate Name DISCLOSURE BOARD plitical Pai	rty (if applicable)] _		
Dio	• • • • • • • • • • • • • • • • • • •		te reports are	
Office Sought JAN 1 9 2005 Detrict (if s	enate or House)		ssible civil ar nalties.	id criminal
J. V	• v. ,,		,	
Le Leger FUED (S	<u>15)223-4</u>	७ च ७		17-05
SIGNATURE OF PERSON FILING REPORT	LEPHONE		DATE	SIGNED
	-			
I AM FILING A REPORT F	OR (1) ELECTIO	N <u>/(2)</u> NO	N-ELECTION	YEAR.
(report date)	Indicate by	* (1)		
	,			
CHECK IF AMENDMENT TO REPORT DATED		Local Con	nmittees, enter i	Date of Election
		County &	Local Composite	es, enter County In
Check if this is final (termination) report and attach Notice of Dissolution (You must continue to file reports until a DR-3 is filed.)	Form DR-3.		ction is held	del milital contillà ill
(100 tilles contained to the topolite dital at \$11.0 to likely)				
STATEMENT OF CASH	ON HAND			
CASH ON HAND at the beginning of the reporting period. (Total of all funds	s held by the			
committee. This amount MUST be the same as the cash on hand of the last reporting period or must be zero if this is first report filed	at the end .)	,\$	عا	A0871
ADD TOTAL MONEY TAKEN IN THIS PERIOD			_	_
Schedule A; Cash Contributions total (Attach Schedule A) (*also s	ee in-kind below)	•••••	$\overline{\mathcal{C}}$	600.00
Schedule F: Loans Received total (Attach Schedule F)		,,,,,,,,,		
Schedule H: Total Sales of Campaign Property (Attach Schedule I	H)	**********		
(Schedule H applies to Candidates' Committees Only)	1			
	SUB-TOT	AL\$	9	2808-1
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		·		5,808.71
Schedule B: Expenditures total (Attach Schedule B) (**also see de	obis and loans be	low)	1	875.00
Schedule F: Loan Repayments total (Attach Schedule F)				
CASH ON HAND at the end of this reporting period (if final report balance in		*********		
be zero) (Attach DR-3)		\$		L0933.71
MINDAID BILLO /Erom Cabadida C. Amada Cabadida Ci				
**UNPAID BILLS (From Schedule D - Attach Schedule D) *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)				<u> </u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	••••••	5		
CANDIDATE COMMITTEES ONLY:				🗀
CONSULTANT BREAKDOWN (Schedule G Attached?)			<u></u>	ES WO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

	_
COMMITTEE NAME (Must be same as on Statement of Organization)	í
Independent Functione Pigenti of Journ	Ţ
	ı
Political Action Committee	1

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NOING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN, A LIST OF ID NUMBERS IS AVAILABLE FROM THE IDWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lows Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10-19-04	ID#	Jason Hagge 115 S. Locher, Box 29 Winfleld, IA SRUS9		\$ 150	
10-18-04	ID# CK#	Frank O'Conner 305 Louet street, Box 737		100	
10-18-04	ID# CK#	Leon Hendricks 55 Sefferson, Box 351 Winterset. FA 50273		50	
10-18-04	ID# CK#	SIM WASTE STREET, BOXAT SUBS 4504 STREET, BOXAT Emmelsburg, IA 50536		100	
10-18-04	ID#	Kipp Harris 327 chestant Street ANNIVEL IA 50022		100	
12-Bo-04	ID# CK#	Den Fulvider 205 Prairie Di ano Brive 2014 Der Moires, EA 50266		175	
12.3004	ID# CK#	Rich Cupp unos Bought Asomum Whoen Salos 15A 50322		80	
12-30.04	ID# CK#	Kodin Hummer 400 Erras Street, 804 2 Sloca, 20 51055		1,200	
12 B. 04	0,0	Eldon Hunsicher 370 Dig W. Hill Smet Bor 370 OHLUMUS IA 52501		85	
12-03-04	ID#	Jeff Hagar 155 Lower, Box 29 Un field, IR Sausa		50	
		TOTAL (If last page	SUB-TOTAL of this achedule)	\$ चान०	

"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page / of a

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
LOCINIMIT LEE INVINE IMPORTO SOUTH AS AN OPPOSITION OF CARROLL	
The Land Contract Districts of South	
TAY OF CONTRACT AND THE TAY TH	
Political Action Committee	
19/14/02/ HENCH - WWINES	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS		
CHECK THIS BOX IF AMENDING FORM			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lows Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC (D NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
D-03-54	ID#	Paul Pohlson MIS 54 Avenue, Box 568 Wrimell, IA 50113		*@\$0	
12-03-04	CK#	Ruie Sporer BIG W. 445 Street, Box 370 Otherway, IR SASOI		50	
(2.03.04	CK#	Phil Dublose C SIS 3343 Southbare C SIS Celar Repible, IR 52406		110	
	ID#				
	ID#				
	CK#				
	CK#				
	CK#				
	ID# CK#				
	ID#				
•			SUB-TOTAL	.410	

"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Pege al al (for Schedule A)

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

office year from the

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF INDING FORM

COMMITTEE NAME (Must be some as an Statement of Organization)

The comment of the comment of Organization)

Political Action Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-22-७५	CK# 2841	Citicant Re-Bod Dayne Ford P.O. Box Sota Des Moint. Sh Sobolo	Campaign Countributed	\$ 100
10-32-04	CK# ひめたか	Paulson for other House Committee P. O. Bot 250 Hiswall Ex 52033	Contribution	150
(0-33-e4	1D# 913 CK# ₂₇₈₄₃	The Caroll Committee 244 4604 Avenue Commolith 50112	Contraction	So
11-3-04	10# 1516 CK# 2844	Richly for Senate Charles Charles Charles Care Sast?	Campaign	400
11-18-04	CK# 2844	C. Beniel Filmiber 235 Proviewie Drive Went Ben Mauri, In Sonob	PAC Administrative	100
11-20-04	10# CK#2847	Don Cilvile 225 Rou;e U; ou Bive Would Doulding, In shaw	PAC ACHINELESINE Expenses	75
D-7-04	CK# 2848	Danielson Freenate 13906 Monterey Brive Waterlan, 27 50701	CSN W ISTRO-	Seo
W-7-04	ID# 1502 CK# 2847	Harack for Cente 310 El Main Street Edward, EA 52045	Contraction	°2G
			SUB-TOTAL	\$ 1375
			TOTAL (if last page of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and lows Code 68A.402(3)(i).)

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Page		of	<u> </u>

COMMITTEE NAME (Must be same as on Statement of Organization)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAQ CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	Monetary Expenditures
CHEC AME	CK THIS BOX IF INDING FORM

Daliti	cal Approx	Committee			
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Diabutaement) WAS MADE	PURP (DESCRIBE TR		AMOUNT EXPENDED
Q=7-c4	D# 1334 CK# 2850	Citizen to Schoeljahn Ball Pert Avenue Arlington, FA 50600	Can	poien ribution	\$ 250
12-7-04	CK# 2851	French Would Ras Sonate P. O. Box 403 51561348,77 52748	Can rupo Con	sign hripachian	250
	ID# CK#				
	ID#				
	ID# CK#				
	L		· · · · · · · · · · · · · · · · · · ·	SUB-TOTAL	\$ 5500

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ī	HII	3 1	BΩ	¥.	ΔPF	HES	m	C	NIO	m	TES	CO	MM	TTEE	2.0	MI	٧.

Purchases of certain campaign property coating \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, edvertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i).)

Page	\mathcal{Q}	of 2	
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TOTAL (if last page of this schedule)

1875